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## CURRENT DEVELOPMENTS IN MEDICAL ETHICS

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[This is the third of a series of articles on the ethical standards prevalent in different occupations. The first, by Mr. John F. Moors, on "Ethics in Modern Business," appeared in the January number of *THE REVIEW*. The second, by ex-President Harris of Amherst College, on "The Ethics of College Students," appeared in the April number.—ED.]

The growth and shape of a human skeleton are determined, not solely by inheritance and nutrition, but partly also by what its possessor does with his bones. They become compressed here, enlarged there, in response to tugging muscles or sagging burdens.

So with medical ethics. The codes and standards of the physician depend in part on the peculiar strains and stresses, the special irritations and inspirations of his professional work. He may turn away from them all, unbranded and undeveloped by his lot. If so, he remains the exceptional man to whom the conclusions of this essay have no application.

To some extent of course every man is exceptional. His reactions to experience are in part unique, and to that extent he cuts down the truth of any generalization about him. On the other hand, he behaves in part not as a doctor or even as an American doctor but simply as an American. In this degree he develops his ethics in racial and geographic rather than in professional grooves. Nevertheless there remains such a thing as a doctor's type, a group of habits characteristic of men who have practised medicine actively and in the open

for a number of years. The doctor's ethics or habitual standards of behavior then take on a greater interest if we view them not merely as his peculiarities but as his responses to the world's call.

Now the world's call to him is something like a fire alarm. His work has somewhat the aspect of a perpetual emergency in which he must be cool and keep his head. Hence he is schooled to the control of emotion, to the repression of all instinctive impulses, disgusts, horrors, and enthusiasms. Dignity is therefore one of his traditions; although the modern doctor has thrown off, along with the frock coat, white tie, and high hat of his predecessor, much of the rigidity and stateliness which accompanied the dignity of our medical forefathers. In the modern doctor dignity takes the form of emotional reserve. He avoids the heights and depths and treads an even road. This makes him reliable when action is the cue, annoying when an adequate responsiveness is what we chiefly desire. To let oneself out of one's own grip may be all right, he thinks, for a stock-broker or a clergyman, but it is bad form for a doctor.

He often develops in this way an unusual control of temper. In emergencies it will never do to let the hand or the brain be joggled by even a pardonable thrust of anger. The layman thinks he has a right to "get mad" sometimes, but the doctor, while on duty, never, with his patient and the family, never. Of course doctors break their own rules in this as in other matters. Nevertheless the rules are there to break, clearly distinguished from the standards of "the laity."

This emotional neutrality is sometimes very annoying and even unnatural. The doctor has had to face so many horrors unmoved (in order that he may do his part in mitigating them) that he may lose the capacity to be horrified. He may become *spiritually muscle-*

*bound* by his incessant practical and motor activities, so that his mind never recoils, never revolts, never throws caution to the winds. And since there are seasons when the swift reactions of horror and revolt are every man's duty, the professional rigidity of the doctor may be his undoing. He may suffer the insufferable and be blind to the entrance of the devil himself.

Courage is bred strong in him for certain situations, weak for others. To risk his life in fighting disease he will rarely hesitate, and in this he has no self-consciousness or strut. It is a matter of course, and any member of the profession who shirks such an opportunity and refuses to play the game gets the strongest condemnation from his fellows. On the other hand, there has been until recent times little or no professional condemnation of the doctor who is too cowardly to confess his mistake on finding that he has done a wrong operation or made a disastrously wrong diagnosis. "What would be the good? We don't want to get everybody down on all of us," is the sort of thought that runs in medical minds at such a time if they are friendly to the coward. Even if they are unfriendly, they will rarely regard it as his duty to confess.

Veracity is tempered in the doctor's mind by his dominant desire to help and comfort the patient, above all things to do no harm. He is unwilling to make a fetish of truth-speaking and very keenly aware that he may not possess "the truth" at all. There was much good-natured chuckling in medical circles a few years ago when a hide-bound medical truth-teller steeled himself to the task and broke to a sick confrère the awful news that he had tuberculosis—only to discover a week later that the supposed truth was false. The sick doctor rapidly convalesced and readily forgave the mistake, but the wise pundits of the medical profession ended their chuckling with grave warnings about "You see what it

comes to—this truth business. We don't know it all by a good deal yet."

The distinction between veracity and correctness is blurred among all sorts and conditions, but perhaps nowhere so persistently as in medical ethics. That the most ignorant and therefore incorrect speaker may be utterly truthful and honest is a distinction which is ignored by many, especially when one is trying to defend the benevolent lies of the kindly doctor. In general, medical standards demand that the doctor shall never lie for his own benefit, but that in dealing with patients he shall be governed only by the patient's best interests. If those interests seem to the doctor to demand that the truth be colored, shaded, or suppressed, it is then deemed right for him to save the patient rather than the truth—especially remembering (as he muddles accuracy with honesty) that the unpleasant truth which is suppressed may turn out to be no "truth" at all.

Against this dominant tendency of medical ethics to subordinate everything—even honesty—to the patient's private interests (as the doctor sees them), two slight counter currents are beginning to make themselves felt. Both of them mark, as I see it, the direction of a force which makes for the doctor's emancipation from a servile dependence on his patient. Modern surgery and modern scientific medicine (invading the field of *traditional* medicine) tend to breed in the physician a habit of looking for truth and depending on the verdict of reality, whatever his own or others' wishes may say. The surgical incision brings him face to face with the truth or falsity of his thoughts. Extraordinarily dramatic and vivid is this relief to the mind's tension. All in a moment he is proved right or wrong, reaches the goal of his endeavor and is satisfied. Faith and groping are transformed to sight. Whatever he finds, whether his beliefs are supported or overthrown, he wins, because

once having committed and submitted himself to the arbitrament of reality, he wants that, whatever it is.

Surgery then—even bad surgery—makes for mental clearness, and mental clearness is a potent aid to veracity. Even a moderately truthful man is tempted into strict veracity of statement if the picture within his mind as he speaks is sharp cut and brightly colored. Veracity may then become the path of least resistance, so that even powerful counter motives fail to swerve it. On the other hand, in a mind full of fog, the desire to be honest easily loses its way.

This fog is dispelled and veracity strengthened not only by surgical disclosures but by the use of exact methods in diagnosis. Common to all these methods is the sort of passivity implied in *reading off a result*. As one reads the clinical thermometer, the blood-pressure instrument, the X-ray plate, one soon gets the habit of *reading aloud*—that is, of transforming what one sees immediately into speech or writing for the use of others. One lets the facts use one's tongue.

Now this mental habit (despite certain drawbacks) is a very convenient one in a doctor whose patients want to know what he finds wrong with them, and want this information undiluted and uncolored by his regard for what he considers their inability to bear the truth. A man who is in the habit of getting at facts by such a process of "reading," accustoms his mind to a kind of helpless dependence on facts. He loses the habit of freely manipulating and shaping his statements to fit what he thinks the patient wants to hear. He grows almost hypnotized by the truth as he sees it and, like Luther, "can do no other" than report it.

So I find the doctor's ethics being shaped unconsciously by the revelations of surgery and by the habit of reading off measurements on a scale. Thus he is being weaned from an undue dependence on private persons and

nourished by dependence on observed fact. But there is another new factor which begins perceptibly to reshape his ethics. I mean the recognition of public good. Formerly the doctor who could not win the favor of his neighbors, when they called him in sickness, must starve or seek other work. If the sick man and his family were afraid of open windows, the windows must be kept shut even in pneumonia, when the open window is the patient's best medicine. The "*malade imaginaire*," if she chance to be importunate and rich, could hardly be shaken off or told the bracing truths which her condition demands. The doctor must "satisfy" his patients, even if he has to humor their whims and weaknesses in a rather humiliating way. Until recently there was no money in serving the public good, and there is not much even yet, but, for reasons next to be given, a little goes a long way to change medical ethics. For even one or two public health officers, paid to disseminate the unvarnished truth about open windows, imaginary diseases, and useless drugs, get the ear of the public as no "private" doctor can and thereby make it easier for the private doctor to work straight for his patient's good, without bowing to hampering superstition. Thus the privately paid doctor grows bolder. He finds less temptation to act like a hired servant who must humor his master on pain of discharge if he doesn't. He finds it easier to make his patient listen, obey, and be educated. Thus the doctor's ethical temper becomes less servile and more independent.

American political leaders have seen of late the wisdom of appealing to the public against the tyranny of their political associates. Doctors are just beginning to use the same manœuvre. Until very recently—say within twenty years—it was highly unethical for a physician to write about health and disease in newspapers and magazines. Such publicity was considered "self-adver-

tising," which was and still is condemned as wrong by medical opinion. A man must not exploit himself and his capacities by advertising. But with the advent of the "public health movement," all this was changed. Any doctor who writes to spread generally recognized truth about the public health and about the means of preserving and improving it, is now perfectly "ethical" in the eyes of his professional brethren. He must not exploit in the public press his own discoveries nor recommend his own methods so that people shall come to him for help. That is still highly "unethical" and brings expulsion from all reputable medical societies. But whatever can properly be brought under the head of public health it is now ethical to expound when and wherever one can get a hearing.

In this way the ethical independence of the doctor is being considerably strengthened. He can appeal to the public against the "class spirit" of his more short-sighted brethren. For example, many medical societies have gone on record against "contract practice," i.e. have voted that it is unethical for a physician to hire himself out for a salary which binds him to attend, without further fee, all cases of illness in the group of persons who pay him. Despite such votes, many physicians have signed such contracts and are now doing "contract practice," sometimes for salaries so small that good work is impossible, sometimes for excellent salaries and under conditions ensuring unusually good work. But the reproach of being "unethical" in contract practice has been considerably lightened of late years by the fact that one can explain in the public press exactly the advantages to public health that come from putting the doctor and the patient on the same side against the disease, instead of having the doctor earn most when disease flourishes. It is now several years since medical societies (within my circle of knowledge) have



condemned contract practice as unethical. A doctor of my acquaintance recently said in public what every doctor says in private—that there are too many surgical operations performed by men who have not the skill to make the operation of benefit to the patient, with the result that many necessary operations are *not* done because so many people have come to distrust all or nearly all surgeons. Soon after this he was officially reprimanded by his local medical society for unethical conduct. Such statements—though no one denies their truth—should not be made to lay audiences, the society said. They diminish the public's confidence in the medical profession.

The incident illustrates the shade of truth in Bernard Shaw's remark that the medical profession (like every other profession) is a conspiracy against the public. It is impossible to advocate any medical reform in public without saying or implying that medical habits are not all they ought to be. This can be construed as an attack on the medical profession, and the profession as an organization wishes to defend itself, not selfishly, I think, but with the sincere and fallacious belief that all reforms should "come from within." When a doctor says that reforms should come from within alone, he is, I think, to a certain extent conspiring against the public which desires to see reforms fostered, like trade or thought or art, both from within and from without.

Yet this "private-spiritedness" of the medical profession, which until recent years has shaped its ethics, has in it much that is noble. It has encouraged modesty; it has curbed shameless advertising; it has preserved valuable traditions and kept the relation of doctor and patient (at their best) upon a high plane. Into this atmosphere a blast of publicity has now come and brought evil as well as good into the standards of the profession. Scientific methods, public and preventive

medicine, medical writing in newspapers and magazines, have thrown light upon dark places and opened up the doctor's activities to the public gaze. The doctor and his ethics get thereby the advantage and support of public interest. Subservience to private against public good is less tempting. Courage and independence are easier, veracity less costly.

On the other hand, it is not good for the doctor to be so much in the lime-light, to find himself the hero of so many novels, to hear his friends so glib with the slang of medical horrors and medical privacies. Something of the nobility described in *Beside the Bonnie Briar Bush* was bound up with the isolated and patriarchal position occupied by the best type of country doctor. As medicine becomes urban, public, democratic, the intimate personal relation of doctor and patient, the benefits of confession without absolution, may be diminished. Yet I think that the gain will outweigh the loss.